

<b>Case Number:</b>	CM15-0088652		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	03/28/2006
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 64 year old male who sustained an industrial injury on 03/28/2006. He reported a cumulative work injury from truck driving. The injured worker was diagnosed as having other postsurgical status, sciatica, and lumbago. Treatment to date has included a MRI 10-31-2006, discectomy L4-S1 on 01-04-2007, repeat MRI on 02-05-2008 showing right L5-S1 neural foraminal encroachment. He continues to have periodic right sciatica with no relief of pain after surgery. Currently, the injured worker complains of back pain. He presents at this appointment with medication refill requests and a request for another MRI of the lumbar spine. He had a MRI of his brain, and does not have NPH (normal pressure hydrocephalus), but the neurologist feels he has Parkinsonism, and placed him on Sinemet. There is no improvement in gait. His pain is controlled with Tramadol and Oxycodone. Medications include Gabapentin, Tramadol, Oxycodone, and Sinemet. The treatment plan is to refill Gabapentin, and change the Oxycodone, and the Tramadol doses. A request for authorization is made for the following:  
 Outpatient Lumbar MRI with and without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Outpatient Lumbar MRI with and without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Tables 12-1, 12-2, 12-3 and Algorithm 12-3.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the evaluation of patients with low back complaints. As part of the assessment of a patient with low back pain, the clinician should document whether there are any red flag symptoms present. These red flags, described in Table 12-1, may indicate the presence of a serious underlying condition and may be cause for an imaging study. The medical records do not describe the presence of any of these above noted red flag symptoms. The clinician should also document in the history and examination evidence for lumbar nerve root compression. Table 12-2 provides a summary of the symptoms of specific lumbar nerve root compression. The medical records do not describe the presence of any of these symptoms. Further, in Table 12-3 the MTUS guidelines describe the physical examination correlates of lumbosacral nerve root dysfunction. The physical examination performed, when the request for an MRI was made, does not provide evidence of lumbosacral nerve root dysfunction. Algorithm 12-3 provides a summary for the evaluation of a patient who is slow-to-recover from an occupational low back injury. Imaging studies are only recommended with evidence of nerve root dysfunction. In summary, there is insufficient evidence in the patient's history or physical examination findings to indicate the presence of a lumbosacral nerve root dysfunction. In the absence of these findings a lumbar MRI with and without contrast is not medically necessary.